Reset

The STANDARD INSURANCE

State Of Montana

State Employees' Group Benefit Plan
Life Insurance Enrollment/Change Form

INSTRUCTIONS: Please type or print clearly. Return all copies to payroll or insurance office.
NOTE: *Inaccurate, incomplete or illegible information will delay your coverage. Check ALL copies.*

Social Security No.:	**Name:** Last/First/Initial	**Group Policy Number:** 608088
Birthdate: Mo/Day/Yr	**Agency/Institution Name:**	**Date Hired:** Mo/Day/Yr
Employee ID No.:	**Home Mailing Address:** Street/City/State/Zip Code	

Is this enrollment within the first 31 days of eligibility? ☐ **Yes** ☐ **No**

Type of enrollment: ☐ **New** ☐ **Change**

Effective Date if No Approval Required _____
Effective Date After Approval _____

Coverage Desired

Type		Yes	No	Amount	Amount Requested	Monthly Premium
Plan A	Basic Life (mandatory)	X		$14,000		
† Plan B	Dependents Life			$2,000 Spouse, $1,000 Each Dependent Child		
*** Plan C**	Optional Employee Life			1 x Annual Salary rounded to next highest $5,000 and additional $5,000 increments up to $200,000		
**** Plan D**	Optional Spouse Life			$5,000 increments up to 100% of employee's coverage in Plan C		
***** Plan E**	Optional AD&D ☐ W/O Dependents ☐ With Dependents			$25,000 increments up to $200,000		
	Annual Salary			**Total Monthly Premium**		

† Plan B is only available during your initial 31 day enrollment period (or within the first 31 days of acquiring a spouse or your first child).

* Plan C is equal to one times your annual salary rounded to the next highest $5,000 plus additional insurance selected in $5,000 increments up to $200,000 total. One times your annual salary is available without carrier approval if enrolled during the initial 31 day enrollment period. Evidence of insurability must be submitted and approved for any additional coverage.
Plan C coverage is automatically adjusted in $5,000 increments as the employee's salary increases/decreases.

** Plan D is coverage on your spouse up to 100% of total coverage in Plan C selected in $5,000 increments. Evidence of insurability must be submitted and approved.
Rates for Plan C and D automatically increase as the employee's age increases.

*** Plan E is available without carrier approval any time consistent with mid-year premium change restrictions or during the annual change period.

Note: If you are Disabled on the day before the effective date of your insurance, your insurance will not become effective until the first day after you complete one full day of active work.

BENEFICIARY DESIGNATION: (See instructions and examples on back of form.) Full Name of Beneficiary, Relationship to Insured and, for minor children, date of birth.

FULL NAME ADDRESS SOCIAL SECURITY # RELATIONSHIP DATE OF BIRTH

_____

_____

If living, otherwise to: _____

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY EARNINGS ANY PREMIUM I AM REQUESTED TO PAY FOR THE COVERAGES I HAVE SELECTED. I HEREBY REJECT MY OPPORTUNITY TO ENROLL IN THE COVERAGES I HAVE CHECKED "NO" OR LEFT BLANK ABOVE. I UNDERSTAND THAT I AM THE BENEFICIARY FOR INSURANCE ON MY DEPENDENTS. I UNDERSTAND THAT ALL THE PLANS I HAVE ENROLLED IN, EXCEPT PLAN E (AD&D), MAY BE CONVERTED UPON TERMINATION OF EMPLOYMENT PROVIDED ALL ELIGIBILITY REQUIREMENTS ARE MET. THIS FORM SUPERSEDES ALL PREVIOUS FORMS I HAVE SUBMITTED FOR STATE OF MONTANA EMPLOYEE GROUP INSURANCE COVERAGES.

SIGNED_____ **DATE**_____

Note: Beneficiary designation is not valid unless this form is signed and dated.

BENEFICIARY INSTRUCTIONS AND EXAMPLES

Benefits are paid to the beneficiary designated by the employee on the most recently signed and dated form. To expedite payment, keep address current for designated beneficiary. Employees are cautioned to change their beneficiary immediately when a change such as death, marriage or remarriage occurs.

Always use full legal name thus – "Dorothy Q. Smith, wife" not "Mrs. John Smith."

Always show date of birth for minor children. If you anticipate that a minor child will receive the proceeds of this coverage, we suggest you consult an attorney.

Examples:

A.	One Beneficiary	Dorothy Q. Smith, 777 America St., Anytown, USA 77777, Wife (*not Mrs. John Smith*)
B.	Two Beneficiaries	Peter Smith, Father, and Anna Smith, Mother, equally, or the survivor
C.	Two Beneficiaries in Unequal Shares	Peter Smith, Father, three-fourths (¾), and Anna Smith, Mother, one-fourth (¼), or the survivor
D.	One Primary and One Contingent Beneficiary	Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son
E.	One Primary and Two Contingent Beneficiaries	Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son, and Mary Smith, Daughter, equally, or the survivor
F.	Trustee	Dorothy Q. Smith, Trustee under trust agreement dated_____.
G.	Insured's Estate	My Estate

Do you know that if death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

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